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Recommended Curriculum Guidelines for Family Medicine Residents

Men's Health

This document was endorsed by the American Academy of Family Physicians (AAFP) and was developed in cooperation with the Carilion Clinic Family Medicine Residency Program, the University of Pennsylvania Department of Family Medicine, and the STFM Group on Oral Health.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Family physicians deliver comprehensive care spanning the life of men. Because adult men tend to seek health care services less often than do women, and many times at a more advanced stage of disease, family physicians should strive to provide care that helps prevent chronic and potentially debilitating diseases. This Curriculum Guideline specifies basic skills for diagnosis and management of diseases affecting men of all ages.

Men in the United States have a shorter life span than do women because of a complex interplay of genetic, environmental and social factors. In general, men are less healthy than women, engage in more high-risk and adverse behaviors than do women, and often have incorrect health beliefs. As a result, men die an average of 5.4 years younger than do women. Men have higher mortality than do women for most of the top causes of death (e.g., heart disease, cancer, cerebrovascular disease, diabetes) and are more likely to suffer from substance abuse problems that result in physical, mental and social morbidity and mortality. Men have higher rates of death from motor vehicle accidents, firearm accidents, homicide and suicide than do women. When compared with white men, black men have substantially higher death rates from some violent causes, such as homicide and firearm injury. However, suicide rates are three times higher among white men than among black men.

Despite generally poorer health, men use fewer health services than do women and few venues exist to engage men in preventive health care. Studies show disparity between young adult males and females in terms of their knowledge, attitudes and behaviors regarding cancer. Preventive health care for women is reinforced in periodic health visits structured according to screening guidelines. No parallel processes exist for men. Under current United States Preventive Services Task Force (USPSTF) guidelines, physicians are not directed to provide cancer-related preventive care to men until patients reach middle age, when colorectal and prostate cancer screening is recommended.

Cultural norms and gaps in education can create fear, which may cause men to avoid seeking preventive health care. Men often delay seeking medical care until symptoms become debilitating or result in functional impairment, which normally indicates more advanced stages of disease. It takes time for health knowledge and attitudes to evolve, as well as to establish comfort and trust in the health care system. To improve health knowledge and attitudes towards prevention and screening among men, family physicians need to have a functional understanding of the nuances and dynamics of working with male patients and empowering them by providing appropriate, evidence-based education and health care partnerships.

Competencies

At the completion of residency training, a family medicine resident should:

- Have a working knowledge of the prevalence and impact of diseases affecting men of varying demographic and geographic distributions. (Medical Knowledge)

- Be able to take a comprehensive men's health history, including relational, sexual and occupational history. (Patient Care, Medical Knowledge)
- Perform a systematic male physical examination, including a comprehensive urogenital, rectal and prostate examination. (Patient Care)
- Demonstrate the ability to communicate effectively and sensitively with the patient and others involved in his care, as appropriate, so that any diagnoses and recommendations are understood and the plan of care is arrived at in a collaborative fashion. (Interpersonal and Communication Skills, Patient Care)
- Demonstrate the appropriate application of relevant guidelines and a systematic method for documenting patient satisfaction and health care quality. (Practice-based Learning, Professionalism)
- Understand and utilize appropriate men's health resources, including other health care providers, organizations and government agencies. (Systems-based Practice)

Attitudes

The resident should develop attitudes that encompass:

- A nonjudgmental awareness that male patients desire to be treated in a caring and compassionate manner as competent participants in their health care.
- Non-pejorative accommodations in practice style to compensate for male patients who seek health care less often and at more advanced stages of disease progression.
- Sensitivity in dealing with issues of mental health and sexual dysfunction, about which men are often more reserved.
- An appreciation for non-medical factors that affect a man's health, such as family, life cycle, relationships, occupation, community and societal expectations.
- A gender-specific understanding of the importance of disease prevention, wellness and health promotion for adding quality years to men's lives.
- Men's role in pregnancy prevention and responsible fathering.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Normal growth and development and variants of each
2. Normal differences between men and women
    a. Physiology
    b. Life span
3. Urologic examination
    a. Newborn

b. Childhood
c. Adolescence (Tanner stages)
d. Adulthood
e. Geriatric

4. Indications, contraindications and current evidence concerning circumcision
5. Health promotion and disease prevention
    a. Nutritional needs
    b. Exercise programs
    c. Weight management and obesity
    d. Substance abuse counseling
    e. Prevention of teen pregnancy
    f. Avoidance of sexually transmitted infections
    g. Motor vehicle safety, seat belt and helmet use
    h. Occupational health and injury prevention
    i. Coronary artery disease
    j. Cancer screening guidelines (skin, colon, prostate, testicular, breast)
    k. Oral health
6. Mental health
    a. Anxiety disorders and stress management
    b. Depressive illnesses
    c. Problems with self-esteem
    d. Substance abuse
    e. Anger control issues
    f. Attention-deficit/hyperactivity disorders
    g. Suicide
    h. Post-traumatic stress disorder
7. Psychosocial and community issues
    a. Gangs and gang violence
    b. Criminal behavior
    c. Firearm use and abuse
    d. Domestic violence
    e. Rape
    f. Sexual abuse or harassment
    g. Role strain

h. Job-related stress or job loss
i. Changing family structures
j. Body image

8. General medical problems
    a. Musculoskeletal injuries and disorders
    b. Coronary artery disease
    c. Hypertension
    d. Congestive heart failure
    e. Chronic obstructive pulmonary disease
    f. Alcoholism
    g. Cirrhosis of the liver
    h. Stroke
    i. Diabetes mellitus
    j. Lung cancer
    k. Colon cancer
    l. Pancreatic cancer
    m. Skin cancer
    n. Baldness
    o. Obesity
    p. Hyperlipidemias
    q. Human immunodeficiency virus (HIV)
    r. Occupational injuries
    s. anabolic steroid use/abuse
    t. Osteoporosis and bone health

9. Reproductive tract infections and problems
    a. Sexually transmitted infections
    b. Urethritis
    c. Epididymitis
    d. Orchitis
    e. Prostatitis
    f. Benign prostatic hypertrophy
    g. Benign diseases of the male anogenital tract/breast
    h. Penile anomalies
    i. Scrotal and testicular abnormalities

j. Lower urinary tract symptoms
k. Bladder dysfunction and incontinence
l. Kidney diseases
m. Genital trauma
n. Inguinal hernias
o. Hemorrhoids
p. Anal fissures
q. Gynecomastia
r. Hypogonadism and other hormonal dysfunction
s. Epidemiology of disease among men who have sex with men
t. Hematuria
u. Andropause

10. Neoplastic disease of the male genital tract and breast
    a. Penile carcinoma
    b. Testicular carcinoma
    c. Prostatic carcinoma
    d. Bladder carcinoma
    e. Renal carcinoma
    f. Breast carcinoma

11. Reproduction
    a. Normal physiology and anatomy
    b. Infertility
    c. Contraception methods
    d. Effects of aging
    e. Adoption

12. Sexuality
    a. Sexual orientation
    b. Sexual responses throughout life cycle
    c. Erectile dysfunction
    d. Ejaculatory dysfunction
    e. Changes in libido
    f. Variety of sexual behaviors
    g. Public perception of men (media representation, muscular, controlling, macho)
    h. Reproductive responsibility

i. Testosterone deficiency

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. Careful and thorough examination
    a. Penis
    b. Testicles
    c. Scrotal contents
    d. Inguinal canals
    e. Rectum
    f. Prostate
    g. Breast
2. Counseling skills
    a. Condom usage
    b. Alcohol and other substance use and abuse
    c. Smoking or chewing tobacco use
    d. Sexually transmitted infections (STIs) and teen pregnancy
    e. Motor vehicle safety, seat belt and helmet use
    f. Firearm safety
    g. Medication safety
    h. Exercise prescription
    i. Performance-enhancing drugs
    j. Contraception
    k. Sexual behavior and safer sex
    l. Domestic violence
    m. Parenting
3. a. Interpretation of appropriate testing

    b. Testosterone testing

    c. Bone density testing

    d. PSA value, velocity and density

    e. Cancer staging (e.g. Gleason scores)

4. Urethral swab for sexually transmitted infections
5. Foley catheter placement
6. Microscopic diagnosis of urine
7. Neonatal circumcision
8. Penile nerve block for neonatal circumcision
9. Various treatment modalities for penile condylomata
10. Vasectomy and reversal

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program. Focus on men's health issues should not be restricted to the required urology rotation. Physicians who have demonstrated skill in caring for boys and men and who have a positive attitude toward male patients should be available to act as role models for residents. Physician role models should give support and advice to individual residents regarding management of their male patients. Didactic teaching and focused readings can provide additional venues for teaching about male patients. Workshops and one-on-one teaching in the clinical setting can provide opportunities for learning new skills. Individual teaching and small group discussions can help promote appropriate attitudes.

Residents should have experience providing ongoing care for male patients in the ambulatory setting, the home, the hospital and assisted living facilities. Residents must have experience caring for male patients and developing active decision-making and case-management partnerships with male patients. Each family resident's panel of patients should include a significant number of male patients, including healthy men and those with minor health problems, the chronically ill, the critically ill, the acutely ill and the injured.

Resources

Lunenfeld B, Gooren LJG, Morales A, Morley JE. Textbook of Men's Health and Aging. 2nd Ed. London, UK. Informa Healthcare, 2008.

Haines CA, Wender RC. Men's Health. Prim Care 2006; 33(1): 1- 268.

Campbell, MF, Wein, AJ, & Kavoussi, LR. (2007). Campbell-Walsh urology (9th ed.). Philadelphia: Saunders Elsevier.

Mistry K, Cable G. Meta-analysis of prostate-specific antigen and digital rectal examination as screening tests for prostate carcinoma. J Am Board Fam Pract 2003;16(2):95-101.

Fontanarosa, P. B., & Cole, H. M. (2006). Improving Men's Health: Evidence and Opportunity. JAMA, 296(19), 2373-2375.

Sabo, D. (2000). Men's Health Studies: Origins and Trends. Journal of American College Health, 49(3), 133.

Kirby, M. (2008). Improving disease outcomes in men. Practitioner, 252(1702), 34-36.

Robertson, L. M., Douglas, F., Ludbrook, A., Reid, G., & van Teijlingen, E. (2008). What works with men? A systematic review of health promoting interventions targeting men. BMC Health Services Research, 8, 141.

Vo, D. X., & Park, M. J. (2008). Racial/ethnic disparities and culturally competent health care among youth and young men. American Journal of Mens Health, 2(2), 192-205.

U.S. Preventive Services Task Force. *Screening for Prostate Cancer: U.S. Preventive Services Task Force Recommendation Statement*. AHRQ Publication No. 08-05121-EF-2, August 2008. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/uspstf08/prostate/prostaters.htm

Screening for Testicular Cancer, Topic Page. February 2004. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/uspstf/uspstest.htm

Screening for Coronary Heart Disease, Topic Page. February 2004. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/uspstf/uspsacad.htm

Screening for Colorectal Cancer, Topic Page. March 2009. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/uspstf/uspscolo.htm

Men: Stay Healthy at Any Age—Your Checklist for Health. AHRQ Publication No. 07-IP006-A, February 2007. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/ppip/healthymen.htm

Web Sites

National Institutes of Health:

- Men's Health (clinical information by topic): http://health.nih.gov/category/MensHealth
- National Institute of Mental Health's Men's Health (clinical trials, mental health topics and publications): http://www.nimh.nih.gov/topics/topic-page-mens-mental-health.shtml
- National Institute of Mental Health: Men and Depression. http://www.nimh.nih.gov/health/topics/depression/men-and-depression/men-and-depression-screening-and-treatment-in-primary-care-settings.shtml

Centers for Disease Control and Prevention:
http://www.cdc.gov/nchs/fastats/mens_health.htm
http://www.cdc.gov/Features/MensHealthatCDC/

Agency for Healthcare Research and Quality Men's Health:
http://www.ahcpr.gov/browse/menix.htm

U.S. Department of Health and Human Services Men's Health:
http://womenshealth.gov/mens/index.cfm

The Mayo Clinic Men's Health: http://www.mayoclinic.com/health/mens-health/MC99999

The Men's Health Network:

- Men’s Health Network: http://menshealthnetwork.org/
- Men’s Health Week: http://www.menshealthweek.org/

The Men's Health Guide: http://www.menshealthguide.org/

The Family Violence Prevention Fund:

- Coaching Boys into Men: http://www.endabuse.org/cbim
- Toolkit for Working with Men and Boys: http://toolkit.endabuse.org/Home/RecommendedWork/index.html

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